

December 31, 2003

MEMORANDUM

TO: COMMONWEALTH'S ATTORNEYS

RE: FISCAL YEAR BUDGET REQUEST FOR FISCAL YEAR
ENDING JUNE 30, 2005 (FY05)

Enclosed are the fiscal year budget request instructions to access your Online Budget Request. This system was designed for all Constitutional Officers to submit requests for salaries and allowances for the fiscal year ending June 30, 2005. The provisions of §15.2-1636.7, Code of Virginia (1950), as amended, require the Online Budget Request to be submitted to the Compensation Board **on or before February 1, 2004**.

This budget package contains the following:

- A. FY05 Budget Preparation Guidelines.
- B. On-Line Budget Request System User Guide for Commonwealth's Attorneys:
 - 1. Information necessary to complete the Budget Request.
 - 2. Specific computer instructions.
 - 3. Budget Submission Check Off List.
 - 4. Certification of participation in an employee performance evaluation plan.

The Fiscal Year Budget Request for the Fiscal Year ending June 30, 2005 is an online computer system accessed through the State Network Interface Project (SNIP). Please review the supplied data for accuracy. You should amend any inaccuracies that may appear.

Please keep in mind, if the change is a personnel action (CB10) that has not been entered into the SNIP system, **enter the online CB10 form immediately**, so that this approved change will be documented. Documentation will also be required from you for actions affecting your July 1, 2004 base budget, if different from the supplied data. Provide all justification required along with Job Descriptions if you are requesting any position reclassification and have not been delegated classification authority. Please complete all required fields, as the system will not allow you to certify (sign off) the request until all required fields have been completed.

Please ensure that your Online Budget Request and documentation are received by the Compensation Board not later than February 1, 2004, as required by §15.2-1636.7, Code of Virginia, and that you notify the Governing Body of your locality when the Online Budget Request is available for them to view.

Should you have questions regarding the Online Budget Request System please call your program technician, Jannette Waldrop, at (804) 786-0786, extension # 217.

Sincerely,

Bruce W. Haynes
Executive Secretary

Attachments

Copy to: Governing Body (w/o Attachments)
 James W. Matthews, Assistant Executive Secretary
 Alice M. Coe, Manager, Customer Service
 Charlene M. Rollins, Lead Management Analyst
 Jannette Waldrop, Senior Fiscal Technician

FY05 BUDGET PREPARATION GUIDELINES

To assist you in completing the Online Budget Request, the following are a few items which you should have available as you begin working on your budget request.

- The Compensation Board (CB) Operating Manual (available on the CB Website)
- December 1, 2003, Salary Scale (available on the CB website)
- Compensation Board Approved Budget FY04
- Compensation Board Actions affecting your Base Budget
- Years and Months you and your employees have each been in a full-time Compensation Board funded position.
- Workload Data for calendar year 2003
- Approved Permanent Employees Salaries, effective 12/1/03
- The Compensation Board Website address is www.scb.virginia.gov

Please keep in mind these screens **'TIME OUT' after 15 minutes of inactivity**. This means that if you must leave to pull information after you get to a particular screen your computer may log you off before you get back to enter the necessary data. Information that was previously entered may also have to be reentered.

The system will allow you to complete your entire Budget Request without returning to the menu.

FISCAL YEAR 2005
ON-LINE BUDGET REQUEST
SYSTEM USER GUIDE
FOR COMMONWEALTH'S ATTORNEYS

This page left intentionally blank.

TABLE OF CONTENTS

Page

Compensation Board Main Menu (SNIP)	4
Online Budget Main Menu	6
Online Budget Sub-Menu	8
Address Change Screen	10
Selection 2 - Display Of Information For All Employees	12
Part I (A) Salary of Current Permanent Employees	14
Social Security Number, Name and Approved CB10 Change	16
Part I (A) Total Salary of Current Permanent Employees	18
Part I (B) Additional Employees Requested	20
Part II Part-Time Employee Funding	24
Part II (B) Positions Fully Or Partially Funded By CB, Loc, Or Other Not Included in Part I (A)	26
Part III Office Expenses	28
Part IV Equipment - Data Processing, Category A	30
Part IV Equipment - Office Equipment, Category B	32
Part IV Equipment - Furniture, Category C	34
Part V Workload Measures	38
Part VI Certification Of Employee Performance Evaluation Plan	40
Checkoff List	42
Certification	44

Comment Screen	46
-----------------------------	-----------

COMPENSATION BOARD MAIN MENU (SNIP)

11/15/01 COMMONWEALTH OF VIRGINIA SCBRLO01
COMPENSATION BOARD
--- MAIN MENU ---
YYMM: _____
LOCALITY: 016 1. PERMANENT PERSONNEL PROCESS
OFFICE: 320 2. TEMPORARY PERSONNEL PROCESS
 3. OFFICE EXPENSE PROCESS
 4. EQUIPMENT/SERVICES/MILEAGE PROCESS
 5. ADDITIONAL ALLOWANCE PROCESS
 6. CERTIFICATION/APPROVAL PROCESS
 7. COMPENSATORY TIME PROCESS
 L. LOCALITY COMMENTS
 P. PERSONNEL STATUS CHANGE (CB10 SUBMENU)
 F. FUNDS TRANSFER
 S. SUBSTITUTE PROSECUTOR
 B. ONLINE BUDGET PROCESSING
 M. RETURN TO MAINMENU
 X. EXIT REIMBURSEMENT PROCESS

ENTER SELECTION: **B**

From the SNIP main menu, enter selection “B” to access the screens for the On-line Budget submission.

1. “TAB” to LOCALITY:_____ enter your locality’s FIPS code
2. “TAB” to OFFICE:_____ enter 320 (Commonwealth’s Attorneys)
3. “TAB” to ENTER SELECTION:_____ enter the letter “B”
4. Press the “ENTER” key to proceed to the next screen

ONLINE BUDGET MAIN MENU

11/15/01
SCBBLO02

COMMONWEALTH OF VIRGINIA

COMPENSATION BOARD

ONLINE BUDGET PROCESSING

--- MAIN MENU ---

YEAR REQUESTED: 2005

- 1. ONLINE BUDGET PROCESSING**
- 2. BUDGET REDUCTION PLAN
- M. RETURN TO MAIN MENU
- X. EXIT ONLINE BUDGET PROCESS

ENTER SELECTION: 1

Fiscal Year 2005 will be entered for you. If you wish to view information for prior fiscal years, simply type over the 2005 entry with the fiscal year you wish to view.

This screen enables access to the selected fiscal year.

1. "TAB" to ENTER SELECTION:____Type selection number 1
2. Press the "ENTER" key to proceed to the next screen.

ONLINE BUDGET SUB-MENU

11/15/01 COMMONWEALTH OF VIRGINIA COMPENSATION BOARD SCB9LO01
ONLINE BUDGET PROCESSING

--- SUB MENU ---

FISCAL YR: 2005 LOC: 016 OFF: 320 ENTER SELECTION: <u>1</u>	<ul style="list-style-type: none">1. LOCALITY AND OFFICER INFORMATION2. SALARIES OF CURRENT PERMANENT EMPLOYEES3. ADDITIONAL EMPLOYEES REQUESTED4. PART TIME EMPLOYEE FUNDING5. POSITIONS FULLY OR PARTIALLY FUNDED BY COMP BOARD, LOCALITY OR OTHER SOURCE6. OFFICE EXPENSES7. EQUIPMENT (NOT FOR CLERKS)9. AMENDED EQUIPMENT REQUEST (CLERKS ONLY) A. WORKLOAD MEASURES B. EMPLOYEE PERFORMANCE EVALUATION CERTIFICATION C. BUDGET CHECKOFF LIST D. BUDGET CERTIFICATION/APPROVAL E. LOCALITY COMMENTS F. REVIEW NEW PERMANENT POSITIONS G. AUDIT WORKLOAD (TREAS & C REV) M. RETURN TO MAIN MENU X. EXIT ONLINE BUDGET PROCESS
---	---

This menu provides access to all screens related to the On-line Budget system. The entry of your locality and office code will be displayed for you. The four digit fiscal year will be carried forward from the previous screen. As you use these screens you are encouraged to process them in sequence. With the completion of the last screen of each process, the depression of the enter key with the selection field blank will take you to the next process. **In the Budget Certification/Approval process you will not be allowed to enter your user ID to complete your budget submission if any process that has required fields has not been completed.**

1. FISCAL YEAR, LOCALITY and OFFICE CODE will be displayed for you.
2. ENTER SELECTION:_____ enter number 1
3. Press the "ENTER" key to proceed to the next screen

ADDRESS CHANGE

SEL: (1)
SCB9UO01
11/15/01

FISCAL YEAR BUDGET REQUEST
FOR FISCAL YEAR ENDING JUNE 30, 2005

YY: 2005 LOC: 016 OFF: 320 OFFICER: JOHN T. MONROE
CHG OFFICER: COM. ATTORNEY, KALAMAZOO COUNTY
410 E MAIN ST
CHG ADD2:

5142 KALAMAZOO VA 22902 -
CHG CITY ZIP: 8049724072
CHG PHONE #: 8049724093
CHG FAX #:
E-MAIL ADDRESS: JTMONROE@KALAMAZOO

This screen will be displayed when “1” is selected on the On-line Budget Menu. This screen can be used to correct information related to your office. The Officer Name, Title, Locality Name, Mailing Address, Zip Code, Telephone Number, Fax Number and email address from the current file are displayed for your review. The information is provided to allow the correction of the fields that are incorrect. For displayed information that is incorrect, correct information can be typed on the blank line immediately below each line of information. If no email address is listed because you did not have one last year, please enter an address you may have now.

1. Press the “TAB” key to move to the desired field.
2. Press the “ENTER” key, when you have corrected or completed the information requested.
3. Press the “Enter” key to proceed to the next screen, or
4. Type “M” in SEL: to return to the main menu.

Chg Officer: Enter Correct Officer's Name, if correct, press "TAB" key.

Chg Add 2: Enter correct POB or Street Address, if correct, press “TAB” key

Chg City Zip: Enter correct City Zip 1 & 2, if correct, press “TAB” key

Chg Phone #: Enter Correct Phone Number, if correct, press “TAB” key

Chg Fax #:

Enter Correct Fax Number, if correct press "TAB" key

E-mail Address:

Enter correct E-mail Address, if correct press "TAB" key

ATTENTION: CONSTITUTIONAL OFFICERS

```

11/15/01
SCB9U002

ATTENTION: CONSTITUTIONAL OFFICER

THESE SCREENS WILL DISPLAY CONFIDENTIAL SALARY INFORMATION FOR ALL
EMPLOYEES IN YOUR OFFICE

*****
*                                IMPORTANT                                *
*   READ INSTRUCTIONS CAREFULLY BEFORE PREPARING REQUEST   *
*****

ENTER PAGE AT WHICH TO BEGIN (IF OTHER THAN 1):   1
**OR**
ENTER 'T' TO GO DIRECTLY TO TOTAL PAGE:  _
**OR**
ENTER 'M' TO RETURN TO MENU:  _
**OR**
ENTER SSN AT WHICH TO BEGIN:  _____

```

ENTER SSN AT WHICH TO BEGIN: _____

WARNING: These screens will display Salaries and other personal information for all employees in your office.

1. This screen displays 4 choices. Upon initial entry into the Budget Request System we strongly recommend that you choose the first option, and begin to scroll from the default page number (1) through the entire permanent personnel.
2. Press the “TAB” key to move to the desired field.

**ENTER PAGE AT WHICH
TO BEGIN (IF OTHER THAN 1):**

The default is '1', you may change the number to specify any page number, as long as it is a valid page number.

**ENTER 'T' TO GO DIRECTLY
TO TOTAL PAGE:**

Enter "T" on this line only if enterin the system to check totals.

ENTER 'M' TO RETURN

TO MENU: Enter "M" if you are in the Salaries of current employees section in error, or you decide not to process the section at this time.

ENTER SSN AT WHICH TO BEGIN: Enter employee's SSN here if you wish to begin the display of permanent personnel records with a selected record instead of paging through the records.

3. Press the "ENTER" key to proceed to the next screen.

This page left intentionally blank.

PART I (A) SALARY OF CURRENT PERMANENT EMPLOYEES

```

SEL:  _ (2) 11/15/01 PART I (A) SAL OF CUR PERM EMPL      SCB9U002  PAGE:
1
      YY: 2005   LOC: 016 OFF: 320  OFFICER: JOHN T. MONROE
      POS      SSN      LAST NAME      INIT      RE-  ANN
YR
*YRS - MO HRS ANN SAL LOC SAL  TOT SAL AMT REQ      SAL  CLASS  CLASS
SAL  ADM
EMP    WK  APPROV  SUPPL  INC SUP  ABOVE  AMT REQ
ADJ  BAR
  _  00016  22222222  HOPKINS      C
      26604      26604  A A I I
*  7 -  _  40.0  26604  0      26604  18802  23606 *  _  A T I I I  Y
  _
  _  00006  33333333  THOMPSON      ST
      48544      48544  A T I I I
*  2 -  _  40.0  48544  1000      48544      48544  _  _  Y
1988
  _  00002  11111111  JAMES      B
      45406      45406  A T I I I
*  5 -  _  40.0  45406  0      45406      45406  _  _  Y
1992
  _  00001  22222222  SMITH      RA
      43428      43428  A T T I I
*  2 -  _  40.0  43428  0      43428      43428  _  _  Y
1989

TRANSACTION PROCESSED SUCCESSFULLY      * 'BELOW MINI' OR 'ABOVE
MAX'
  
```

This screen displays each position record for your office. There are up to four records displayed on each screen. There will be as many screens as are required to display all position records for your office. The position number, social security number, last name, initials, annual salary for the position, salary amount requested, class code, hours worked and the annual salary adjustment indicator are initially supplied for each position. For each position you must enter years/months employed (if not supplied) the local salary supplement and the year admitted to the Virginia Bar (for attorney positions only). You may also correct the class code, request a reclassification of the class code, and request an amount above the current salary for the position. If salary adjustments are made to the salary amount requested the system will calculate the difference from the annual salary approved and place the difference in the amount requested above field.

Tip: When the same employee remains with the same position number they had last fiscal year, the “Years Of Service” will be supplied based upon the number of years entered last year, plus 1 year. The “Hours Required To Work Per Week” will be supplied as entered last year for all positions on last year’s budget request. For NEW positions, you will be required to enter both the “Years of Service” & “Hours required to work per week”. Be careful, as the system will not let you proceed to the next screen until all required fields are completed.

CHANGE: PERSONNEL CHANGES (CB10S) PROCESSED BY THE COMPENSATION BOARD TECHNICIANS DURING THE TIME PERIOD THAT THE ONLINE BUDGET SYSTEM IS AVAILABLE TO YOUR OFFICE WILL AUTOMATICALLY UPDATE PERSONNEL AND SALARY INFORMATION TO THIS SCREEN. PLEASE BE AWARE OF ANY PENDING CB10S YOU HAVE THAT WILL BE PROCESSED DURING THIS PERIOD AND PRIOR TO THE SIGN OFF OF YOUR ONLINE BUDGET REQUEST. THE PROCESSING OF A CB10 ~~WILL ELIMINATE~~ ANY SALARY INCREASE AND/OR RECLASSIFICATION REQUEST PREVIOUSLY ENTERED ON THIS SCREEN FOR THE AFFECTED POSITION IF THE OFFICER HAS NOT YET SIGNED OFF ON THE COMPLETED BUDGET REQUEST. IF THE TYPE OF REQUEST ENTERED FOR THE AFFECTED POSITION PRIOR TO THE PERSONNEL CHANGE IS STILL DESIRED AFTER THE PERSONNEL CHANGE, THE REQUEST WILL NEED TO BE RE-ENTERED PRIOR TO SIGN OFF BY THE OFFICER.

PART I (A) SALARY OF CURRENT PERMANENT EMPLOYEES

1. Press the "TAB" key to move to the next field of entry, or, hit the enter key and the cursor will move to the next required field.
2. Type "X" on the line next to the position number, ONLY if the supplied Social Security Number or Last Name is incorrect, or has not been updated with an approved on-line CB10. This action will take you to another screen after all information on this screen has been entered. Please turn this page to see the screen print and for instructions on entering information on the screen .
3. Press the "TAB" key to move to the next field of entry.
4. The rows and corresponding field names that are marked with an asterisk (*) identify the fields and lines in each position record that may be altered.
5. The number displayed in parentheses (2), is used to redisplay the screen for data entry, without returning to the main menu, when number is entered in SEL__.

Field 1: Yrs Worked:	Enter the number of years employed in a Compensation Board full time approved position. Supplied for employees with <u>same position number</u> as last fiscal year.
Field 2: Months Worked:	Enter the number of months employed if less than one year, or the number of months in excess of the full year. The value entered may be 00-11. Supplied for employees with <u>same position number</u> as last fiscal year.
Field 3: Hrs Worked:	Enter the hours required to be worked per week, if hours supplied (37.5) is incorrect. Supplied for all positions, with exception of "NEW" positions
Field 4: Ann Sal Approv:	Enter correct salary here, if the supplied Annual Salary Approved is incorrect.
Field 5: Loc Sal Suppl:	Enter the amount the position is supplemented by the locality, enter 0 if no supplement.
Field 6: Tot Sal Inc Sup:	This field will be calculated for you: Compensation Board Approved Salary plus the Locality Supplement.
Field 7: Amt Req Above:	This field will be calculated for you if you change the Salary amount requested.
Field 8: Sal Amt Req:	Enter here, if the salary supplied is different than the salary you desire for this employee.
Field 9: Class:	Enter correct Class here, if the Class supplied is incorrect. (Not for RECLASS)
Field 10: ReClass:	Enter here, if you are requesting a RECLASS for the employee currently in this position. You Must Provide A Job description for each position you are requesting to be reclassified, <u>or</u> have Delegation of Classification Authority. (DO NOT ENTER AN ONLINE CB10 FOR THIS REQUEST)
Field 11: Sal Adj:	Enter here, only if you do not wish the employee listed to receive an annual salary increase. Enter "N" for no.
Field 12: Yr Adm Bar:	Enter the year admitted to the Virginia Bar for all attorney positions.

6. After all information has been entered on the screen, press the “Enter” key.
7. Press the “Enter” key to proceed to the next screen, or
8. Type “M” in SEL: to go back to the main menu.

NOTE: The Message “ * Below Mini” or the message “ * Above Max” will appear at the bottom of your screen if the class or salary requested is not a valid class or salary. An asterisk (*) will also appear beside that position number for Compensation Board to correct.

SOCIAL SECURITY NUMBER AND NAME CHANGE

```

SEL: _ (2) 11/15/01 PART I (A) SAL OF CUR PERM EMPL SCB9U002 PAGE:
1
      YY: 2005   LOC: 016 OFF: 320   OFFICER: JOHN T. MONROE
      POS      +-----+
+ANN  YR
*YRS - MO HRS |
|SAL  ADM
      EMP      WK      |      SEL: SCB9U002
|ADJ  BAR
X    00016    2 |
      11/15/01   SSN AND NAME CHANGES FOR
      * 7 -    40.0 |      CURRENT PERMANENT EMPLOYEES
1998
      YY: 2005 LOC: 016 OFF: 320
      - 00006    2 |      OFFICER: JOHN T. MONROE
      * 2 -    40.0 |      POS      SSN      LAST NAME      INIT
1988
      00016 33333333 HOPWOOD      C
      - 00002    1 |      22222222 TERRY      T
      * 5 -    40.0 |
1992
      - 00001    2 |
      * 2 -    40.0 |
1989
      +-----+
  
```

This window within the permanent employee screen will display the position number, social security number, last name, and initials of the current employee in the selected position and allow the correction of the SSN, the last name or the initials.

1. Type "X" on the line next to the position number .
2. Press "TAB" to "Annual Salary Approved" only if the salary is incorrect on this screen and you have an approved CB10.
3. Press the "ENTER" key.
4. Press the "TAB" key to move to the next field of entry

Field 1: SSN#: Enter the Employee's correct Social Security Number, if the supplied number is incorrect, "TAB"

Field 2: Last Name: Enter the Employee's Last Name, "TAB"

Field 3: Init: Enter the Employee's first and middle initials.

5. Press the "Enter" key after completing requested information to return to the previous screen, (Permanent Personnel).

The CB10s will update your permanent personnel screen on the OFFICERS LINE (2ND LINE) when the pending CB10s are approved by your program technician. When entering CB10s with effective dates of January 1st - 31st , please be sure to check your permanent personnel screens to make sure the CB10s have not affected your intended salary request for that position. Once the Officer has certified his request (signed-off). CB10s will then update the Compensation Board line (3rd Line).

PART I (A) TOTAL SALARY OF CURRENT PERMANENT EMPLOYEES

SEL: (2)	PART I (A) SAL OF CUR PERM EMPL					SCB9U002
11/15/01						
YY: 2005	LOC: 016	OFF: 320	OFFICER: JOHN T. MONROE			
TOTAL PART I (A)						
	ANN SAL	LOC SAL	TOT SAL	AMT REQ	SAL AMT	
	APPROV	SUPPL	INC SUP	ABOVE	REQ	
	313965				313965	
	313965	4000	317965	+ 16824	330789	
	0		0	+ 0	0	0

The PART I (A) salary totals for the current permanent employees for your office are displayed on this screen.

1. The 1st line of totals is supplied, based on salaries as approved December 31.
2. The 2nd line of totals is re-calculated based on changes made to the current permanent employees' salaries and amounts requested. Please check the amounts on the 2nd line, for substantial differences from the supplied information, as there may be a chance for keying errors.
3. The 3rd line of totals will reflect CB approved amounts on and after May 1.
4. Press the "Enter" key to proceed to the next screen, or
5. Type "M" in SEL__: to go back to the main menu.

PART I (B) ADDITIONAL EMPLOYEES REQUESTED

SEL: _ (3)	PART I (B) ADDITIONAL EMPL REQ		SCB9U004	PAGE:
1				
11/15/01				
YY: 2005	LOC: 016	OFF: 320	OFFICER: JOHN T. MONROE	
	CLASS	ENTRY	NUM OF	TOTAL AMT
		LEV SAL	POSITIONS	REQ
	ATTI _	35539	01	35539
	SEC _	19048	01	19048
	PA _	20823	02	41646
	ATTA _	17770	0	
	SECA _	9524	0	
OTHER				
TRANSACTION PROCESSED SUCCESSFULLY				

This screen will be displayed from selection “3” on the On-line Budget Menu. The screen will display predefined classes for each office along with the entry level salary for each class. You may request additional positions of a predefined class or enter a request for a class that has not been predefined for your office. If additional positions are requested, the system will calculate the total amount for each class based on the number of positions requested.

Note: Complete this section to request additional full-time Compensation Board funded positions.

1. Press the “TAB” key to move to the next field of entry.
2. Complete this section - **These are required fields**, you must enter a ‘0’ or the number of additional full-time Compensation Board funded positions requested.

- | | |
|---------------------------------------|---|
| Field 1: Number of Positions: | Enter ‘0’ or the number of positions requested. “TAB” to the next field. |
| Field 2: Number of Positions: | Enter ‘0’ or the number of positions requested. “TAB” to the next field. |
| Field 3: Number of Positions: | Enter ‘0’ or the number of positions requested. “TAB” to the next field. |
| Field 4: Number of Positions: | Enter ‘0’ or the number of positions requested. “TAB” to the next field. |
| Field 5: Number of Positions: | Enter ‘0’ or the number of positions requested. “TAB” to the next field. |
| Field 6: Class: | Enter the Name of Class requested, if other than the classes listed above, or leave blank and “TAB” to the next field (must be a CB defined class) |
| Field 7: Entry Lev Sal: | Enter Salary requested or leave blank if no CLASS request was made in the previous field |
| Field 8: Number of Positions: | Enter number of positions requested or leave blank if no CLASS request was made. |
| Field 9: Class: | Enter the Name of Class requested, if other than the classes listed above, or leave blank and “TAB” to the next field |
| Field 10: Entry Lev Sal: | Enter Salary requested or leave blank if no CLASS request was made in the previous field |
| Field 11: Number of Positions: | Enter number of positions requested or leave blank if no CLASS request was made. |

3. Press the “Enter” key after completing the information requested.
4. Press the “Enter” key to proceed to the next screen, or

5. Type "M" in SEL: to go back to the main menu.

NOTE: The Compensation Board approved workload based staffing standards as recommended by the Virginia Association of Commonwealth's Attorneys. Any new positions approved by the General Assembly or any reallocated positions will be allocated by the Compensation Board in FY05, as they were in FY04, based upon the request of the Commonwealth's Attorney and in accordance with the Compensation Board's staffing standards. Please see the Compensation Board Operating Manual for Compensation Board criteria for allocating new positions.

TOTAL - PART I (B) ADDITIONAL EMPLOYEES REQUESTED

SEL: (3) PART I (B) ADDITIONAL EMPL REQ SCB9UO04
11/15/01 OFFICE TOTAL

YY: 2005 LOC: 016 OFF: 320 OFFICER: JOHN T. MONROE

TOTAL PART I (B)

CLASS	ENTRY LEV SAL	TOTAL NUM OF POSITIONS	TOTAL AMT REQ
		4	96233

This screen will display the total number and total salaries of additional positions requested

PART II. PART-TIME EMPLOYEE FUNDING

```
SEL: (4)          PART II PART TIME EMP FUNDING
SCB9UO05
11/15/01

YY: 2005  LOC: 016  OFF: 320  OFFICER: JOHN T. MONROE

      (A)          (B)          (C)
    BASE AMT      AMT REQ      TOTAL
    APPROV      ABOVE/      REQ
               ABOVE/
               BELOW

              0
              0          3000          3000

RECORD PROCESSED SUCCESSFULLY
```

This is the initial screen that will be displayed when selection “4” is made on the On-line Budget Menu. The budgeted amount for the prior fiscal year for part time employee funding is displayed in Column (A). You must enter a request for either an additional amount, a reduced amount or no change in the amount from the prior year. If additional or reduced funding is requested the system will recalculate the total amount requested.

The “Base Amount Approved for the Current Fiscal Year” has been supplied. Please check this amount to your Original July 1 Approved Budget to make sure that transfers approved during the current year are not included in this figure, unless the approved Compensation Board transfer letter states that this a BASE BUDGET ADJUSTMENT.

1. Complete this section - **These are required fields.**
2. Press the “TAB” key to go to the next field of entry.

Field 1: Base Amt Approved: Enter here only if the base amount shown is different than the July 1 Compensation Board Approved Budget. This amount could change due to Compensation Board Action.

Field 2: Amt Req Above/Below: Enter ‘0’, the additional amount or a lesser amount. For the lesser amount enter (-) in front the amount.

Field 3: Total Req: This field will be calculated for you.

3. Press the “Enter” key after completing the information requested.

4. Press the “Enter” key to proceed to the next screen, or
5. Type “M” in SEL__: to go back to the main menu.

**PART II (B) POSITIONS FULLY OR PARTIALLY FUNDED BY CB, LOC OR
OTHER NOT INCLUDED IN PART I(A)**

```

SEL: _ (5)  PART II (B) POS FULLY OR PART FUNDED BY      SCB9U006  PAGE:
1
11/15/01      CB, LOC OR OTHER NOT INCL IN PART I (A)
YY: 2005      LOC: 016  OFF: 320  OFFICER: JOHN T. MONROE
LAST NAME      INIT      CLASS      HR      ANNUAL      TOT
                                RATE WRK HR      FUNDS      CB LOC FED
OTHER
HAYNES      BW      10.80 2080      22464 X  X
MATTHEWS      JW      11.00 1000      11000 X
                                -----
TRANSACTION PROCESSED SUCCESSFULLY      TOT FUNDS:
33464
  
```

This is the initial screen that will be displayed when selection “5” is made on the On-line Budget Menu. This screen should be used to enter salary information of positions fully or partially funded by the Compensation Board, the Locality or other sources. This does not include positions identified as current permanent employees in Part I(A) which may be supplemented by another source. For each temporary employee for whom reimbursement will be requested from CB approved part time funding, you must provide the last name, the initials, the class, the hourly rate, the planned number of hours to be reimbursed for the fiscal year and the source(s) of funding for the personnel. Upon entry of the required fields, the system will calculate the fund amount for each person and the total funds for your office.

Complete this section - Do not include employees listed in Part I (A) Salaries of Permanent Employees. These fields are not required unless a name is entered in field 1. Therefore, **do not type** “NONE” if you do not have an employee of this type. If you enter a last name, you must also enter all of the information for that record.

1. If you enter Last Name (Field 1), you must also enter a value in fields 2-5 and enter an “X” in at least one of fund source fields (7, 8, 9 or 10). You may enter an “X” in as many of the fields as are applicable for that record.
2. To delete an existing line from this screen, BLANK all the fields in which you have made an entry.
3. Press the “TAB” key to go to the next field of entry.

Field 1: Last Name: Enter the employee’s last name; if the last name is unknown, type “UNKNOWN” in this field.

Field 2: Init: Enter the employee’s first & middle initials.

Field 3: Class: Enter the employee’s class.

Field 4: Hr Rate: Enter the employee’s hourly rate.

Field 5: Annual Work Hr: Enter the total number of hours worked **annually**.

Field 6: Tot Funds: **This field will be calculated for you**

Field 7: CB: Enter “X”, if employee is partially or fully funded by the Compensation Board from Part-time funds.

Field 8: Loc: Enter “X”, if employee is partially or fully funded by the Locality.

Field 9: Fed: Enter “X”, if employee is partially or fully Federally funded.

Field 10: Other: Enter “X”, if employee is partially or fully funded by other sources.

4. Press the “Tab” key to go to Field 1 on the next line to list additional employees, or
5. Press the “Enter” key after completing the information requested.
6. Press the “Enter” key again to proceed to the next screen, or
7. Type “M” in SEL: to return to the Main Menu.

PART III. OFFICE EXPENSES

SEL: (6) PART III OFFICE EXPENSES			
SCB9U007			
11/15/01		COMMONWEALTH ATTORNEY	
YY: 2005	LOC: 016	OFF: 320	OFFICER: JOHN T. MONROE
STATIONERY, OFFICE SUPPLIES, PRINTING (FORMS AND LETTERS)			
POSTAGE/BOX RENTAL, TELEPHONE (TAX EXCLUDED),			
REPAIRS TO OFFICE FURNITURE AND EQUIPMENT,			
OTHER NECESSARY EXPENSES INCLUDING ASSOC. DUES			
(C)	(A)	+	(B) =
	BASE AMT		AMT REQ
TOTAL			
	APPROV		ABOVE/
REQ			BELOW
TOTAL OFFICE EXPENSES (PART III)	5071		
10071	5071		5000
RECORD PROCESSED SUCCESSFULLY			

This is the initial screen that will be displayed when selection “6” is made on the On-line Budget Menu for your office. The total office expenses for the prior year will be displayed. You must enter a request to increase, decrease or retain the same amount as the base amount approved by entering an amount in the “amount requested above/below approved” field. The system will recalculate the office total based on the amount entered.

The amount requested above/below is a required field. Participation of the Compensation Board in Office Expenses is limited to certain items as provided by the Code of Virginia (1950), as amended. Any additions or transfers made during the current fiscal year may be included in the supplied figures. Please check the supplied amount to your original Compensation Board approved Budget, and approval letters affecting the base budget.

1. Complete this section - These are required fields.
2. Press the “TAB” key to go to the next field of entry.

Field 1: Base Amt. Approved: Enter here only if the base amount shown is different than the July 1 Compensation Board Approved Budget. This amount could change due to Compensation Board action.

Field 2: Amt Req Above/Below Approved: Enter ‘0’, an additional amount or a lesser amount. For a lesser amount enter (-) in front of the amount.

Field 3: Total Request: This field will be calculated for you.

3. Press the “Enter” key after completing the information requested.
4. Press the “Enter” key again to proceed to the next screen, or
5. Type “M” in SEL to return to the main menu.

This page left intentionally blank.

PART IV. EQUIPMENT - DATA PROCESSING - CATEGORY A

SEL: _ (7)	PART IV EQUIPMENT	DATA PROCESSING	SCB9U008
PAGE: _1			
11/15/01	YY: 2005	LOC: 016	OFF: 320 OFFICER: JOHN T. MONROE
CATEGORY: A			
*UNIT CST	N QTY	N TOT COST	R QTY R TOT COST TOT QTY TOT COST
VCIN PACKAGE			
* _ 6172	_1	6172	_ 1 6172
FILE SERVER			
* _ 3000	_1	3000	_ 1 3000
MODEM			
* _ 150	_1	150	_ 1 150
PERSONAL COMPUTER			
* _ 3000	_		_1 3000 1 3000
PRINTER			
* _ 500	_		_1 500 1 500
SCANNER			
* _ 5000	_1	5000	_ 1 5000
RECORD SUCCESSFULLY UPDATED		DO YOU WANT 2ND SCREEN?	
Y			

SECOND SCREEN

SEL: _ (7)	PART IV EQUIPMENT	DATA PROCESSING	SCB9U008
PAGE: _2			
11/15/01	YY: 2005	LOC: 016	OFF: 320 OFFICER: JOHN T. MONROE
CATEGORY: A			
*UNIT CST	N QTY	N TOT COST	R QTY R TOT COST TOT QTY TOT COST
DATA PROC EQUIP			
* _ 50000	_1	50000	_ 1 50000
* _	_		_
* _	_		_
RECORD SUCCESSFULLY UPDATED			

These screens will be displayed when selection “7” is made on the On-line Budget Menu. These screens allow the entry to request data processing equipment items along with the unit cost and quantity. The system will calculate the total amount for each item and the total amount for all items for your office.

PART IV. EQUIPMENT - DATA PROCESSING - CATEGORY A

1. Complete this section for data processing equipment, press enter if you are not making a request for prelisted equipment.
2. Please refer to your Compensation Board Operating Manual, Appendix 1, for minimum specifications for reimbursement of personal computers.
3. "TAB" to the asterisks (*) line of the desired pre-listed equipment .

Field 1: Equip: Pre-listed, not accessible

Field 2: Unit Cost: Enter unit cost of the equipment requested.

Field 3: N Qty: Enter the quantity here if this is NEW equipment that you do not presently have.

Field 4: R Qty: Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

4. Press the "Enter" key after entering all requested pre-listed data processing equipment.
5. Press the "Enter" key to proceed to the next screen if you do not wish to make a request in a particular category.

SECOND SCREEN:

Field 1: Equip: Enter the type of equipment requested if not on the pre-listed screen (example: disk drive, memory upgrade, etc.)

Field 2: Unit Cost: Enter unit cost of the equipment requested.

Field 3: N Qty: Enter the quantity here if this is NEW equipment that you do not presently have.

Field 4: R Qty: Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

6. Press the "Enter" key after entering requested information.
7. You may request a second screen by entering a "Y" at the bottom of the screen in answer to the prompt to go to a second screen.
8. Press the "Enter" key again to proceed to the next process, or
9. Type "M" in the select field to return to the menu.

NOTE: The Compensation Board may require justification for these items upon review of your budget request.

PART IV. EQUIPMENT - OFFICE EQUIPMENT - CATEGORY B

SEL: _ (7)	PART IV EQUIPMENT	OFFICE EQUIPMENT	SCB9U008
PAGE: _1			
11/15/01	YY: 2005	LOC: 016	OFF: 320 OFFICER: JOHN T. MONROE
CATEGORY: B			
*UNIT CST	N QTY	N TOT COST	R QTY R TOT COST TOT QTY TOT COST
CALCULATOR			
* _100	_1	100	_ 1 100
COPIER			
* _5000	_1	5000	_ 1 5000
FAX MACHINE			
* _500	_1	500	_ 1 500
MAIL MACHINE			
* _	_		_
POSTAGE METER			
* _	_		_
POSTAGE SCALE			
* _	_		_
RECORD SUCCESSFULLY UPDATED		MORE DATA... PRESS ENTER	
Y			

SECOND SCREEN

SEL: _ (7)	PART IV EQUIPMENT	OFFICE EQUIPMENT	SCB9U008 PAGE: 2
11/15/01	YY: 2005	LOC: 016	OFF: 320 OFFICER: JOHN T. MONROE
CATEGORY: B			
*UNIT CST	N QTY	N TOT COST	R QTY R TOT COST TOT QTY TOT COST
SHREDDER			
* _700	_1	700	_ 1 700
* _	_		_
RECORD SUCCESSFULLY UPDATED			

These screens may be used for the request of office equipment. These screens allow entry to request office equipment items along with the unit cost and quantity. The system will calculate the amount of each item and the total amount for all items for your office.

PART IV. EQUIPMENT - OFFICE EQUIPMENT - CATEGORY B

1. Complete this section for Office Equipment, press enter if you are not making a request for prelisted equipment.
2. "TAB" to the asterisks (*) line of the desired pre-listed equipment

Field 1: Equip: Pre-listed, not accessible.

Field 2: Unit Cost: Enter unit cost of the equipment requested.

Field 3: N Qty: Enter the quantity here if this is NEW equipment that you do not presently have.

Field 4: R Qty: Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

3. Press the "Enter" key after entering all requested pre-listed office equipment.
4. Press the "Enter" key to proceed to the next screen if you do not wish to make a request in a particular category.

SECOND SCREEN:

Field 1: Equip: Enter the name of the type of equipment requested if not on the pre-listed screen (example: adding machine, etc.)

Field 2: Unit Cost: Enter unit cost of the equipment requested.

Field 3: N Qty: Enter the quantity here if this is NEW equipment that you do not presently have.

Field 4: R Qty: Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

5. Press the "Enter" key after entering requested information.
6. You may request a second screen by entering a "Y" at the bottom of the screen in answer to the prompt to go to a second screen.
7. Press the "Enter" key again to proceed to the next process, or
8. Type "M" in the select field to return to the menu.

NOTE: The Compensation Board may require justification for these items upon review of your budget request.

PART IV. EQUIPMENT - OFFICE EQUIPMENT - CATEGORY C

SEL: (7)	PART IV EQUIPMENT	FURNITURE	SCB9U008
PAGE: 1			
11/15/01	YY: 2005	LOC: 016	OFF: 320
OFFICER: JOHN T. MONROE			
CATEGORY: C			
*UNIT CST	N QTY	N TOT COST	R QTY
BOOKCASE			
*	_____		_____
CHAIR			
*	_____		_____
DESK			
*	_____		_____
FILE CABINET			
*	_____		_____
WORK STATION			
*	_____		_____

*	_____		_____

These screens may be used to request funding for furniture.

1. Complete this section for Furniture, press enter if you are not making a request for prelisted furniture.
2. "TAB" to the asterisks (*) line of the desired pre-listed furniture

Field 1: Equip:	Pre-listed, not accessible.
Field 2: Unit Cost:	Enter unit cost of the furniture requested.
Field 3: N Qty:	Enter the quantity here if this is NEW furniture that you do not presently have.
Field 4: R Qty:	Enter the quantity here, if you are requesting REPLACEMENT of existing furniture.

3. Press the "Enter" key after entering all requested pre-listed furniture.
4. Press the "Enter" key after entering requested information.
5. You may request a second screen by entering a "Y" at the bottom of the screen in answer to the prompt to go to a second screen.
6. Press the "Enter" key again to proceed to the next process, or
7. Type "M" in the select field to return to the menu.

NOTE: The Compensation Board may require justification for these items upon review of your budget request.

TOTAL - PART IV. EQUIPMENT

SEL: _ (7)		PART IV EQUIPMENT			
SCB9UO08		OFFICE TOTAL			
11/15/01		YY: 2005 LOC: 016 OFF: 320 OFFICER: JOHN T. MONROE			
N QTY	N TOT CST	R QTY	R TOT CST	TOT QTY	TOT COST
STRESS FACTOR					
TOTAL CATEGORY A: (DATA PROCESSING)					
5	64322	2	3500	7	67822
44457					
TOTAL CATEGORY B: (OFFICE EQUIPMENT)					
4	6300			4	6300
4130					
TOTAL CATEGORY C: (FURNITURE)					
GRAND TOTAL:					
9	70622	2	3500	11	74122
48587					

This screen will be displayed if you depress the enter key after processing the other equipment screens when the select field is blank. The totals for each category of equipment funding will be displayed as well as the total for the office for all categories and the stressed total for the office for all categories. Your office will have equipment Categories A, B and C.

PART V. WORKLOAD MEASURES

The Commonwealth's Attorneys will no longer be required to submit Workload Measures to the Compensation Board via the Online Budget Request. The data used will be as reported from the Supreme Court of Virginia and the Virginia Sentencing Commission. The criteria and methodology for allocating new Assistant Commonwealth's Attorneys in Commonwealth's Attorney's offices has been set as follows.

1. The position (or positions) must be requested by the Commonwealth's Attorney as part of the Compensation Board annual budget request process.
2. The basis of the request must be only the statutorily prescribed duty of the prosecution of felonies.
3. Funds and positions must be appropriated by the General Assembly.
4. The Compensation Board will use the staffing methodology and weighted three-year average workload criteria developed by the Virginia Association of Commonwealth's Attorneys (VACA), to determine the appropriate level of Compensation Board assistant Commonwealth's Attorney support for each office requesting additional positions.
5. The Compensation Board shall determine the number of additional positions to be allocated to any one office based upon criteria 1-4, inclusive, and additional positions shall be allocated in the order of percentage of need, where the offices with the highest percentage of need will receive positions first. The percentage of need is determined by calculating the percentage that the number of additional positions needed is of the total number of current positions.

STAFFING METHODOLOGY

1. The formula calculates the sum of a three-year average of felony defendants plus a three-year average of sentencing events, resulting in an average total workload figure. The workload figure is divided by a specified factor that has been devised to take into account economies of scale in larger offices, with the result being the total number of attorney positions due in the office.

2. The data elements are as follows:

3-Year Average Defendants Data is the average of the number of felony defendants in the Circuit Court for each locality for the three most recent calendar years, as reported by the Supreme Court.

3-Year Average Sentencing Events is the average of the number of felony sentencing events in the Circuit Court for each locality for the three most recent calendar years as reported by the Virginia Sentencing Commission.

3. Offices are grouped based on the size of the office (determined by the average total workload figure), and assigned an escalating workload factor assuming economies of scale. Compensation Board funded assistant Commonwealth's Attorneys who are part-time (i.e., eligible to engage in private law practice) are to be considered as 0.5 of a F.T.E. position for staffing standards purposes, instead of as 1 F.T.E. position.

Office Size	Range of Workload Totals (avg defendants + avg sentencing events) per Office Size	Factor
SUPER	3,000+	125
LARGE	1,000-2,999	100
MID	300-999	85
SMALL	0-299	70

4. The formula is as follows:

$$\text{\# of Attorneys} = \frac{\text{Workload Total (3yr avg felony defendants + 3yr avg sentencing events)}}{\text{Factor}}$$

PART VI. CERTIFICATION OF EMPLOYEE PERFORMANCE EVALUATION PLAN

SEL: (B)	CERTIFICATION OF
SCB9U013	
11/15/01	EMPLOYEE PERFORMANCE EVALUATION PLAN
YY: 2005 LOC: 016	OFF: 320 OFFICER: JOHN T. MONROE
CERTIFICATION	THE EMPLOYEE PERFORMANCE EVALUATION PLAN CURRENTLY IN
EFFECT	
OF EMPLOYEE	FOR THIS OFFICE, ADOPTED ON 01 / 01 / 1995 ,
INCORPORATES ALL PERFORMANCE	OF THE FOLLOWING CRITERIA:
EVALUATION PLAN	
	1. JOB DESCRIPTION
	2. WRITTEN PERFORMANCE PLAN
	3. PERFORMANCE EVALUATION AND INTERVIEW WITH EMPLOYEE
	4. SIGNATURES OF EMPLOYEE AND IMMEDIATE SUPERVISOR
	OFFICER APPROVAL USER ID: _____
***** O	
R*****	
CERTIFICATION OF THIS OFFICE 'DOES NOT' CURRENTLY PARTICIPATE IN AN	
EMPLOYEE	
NON-PARTICIPATION PERFORMANCE EVALUATION PLAN WHICH MEETS THE CRITERIA	
SET	
IN EMPLOYEE BY THE COMPENSATION BOARD.	
PERFORMANCE EVALUATION PLAN	
	OFFICER APPROVAL USER ID: _____
TRANSACTION PROCESSED SUCCESSFULLY	

This screen will be displayed when “B” is selected on the On-line Budget Menu or when the enter key is pressed at the completion of the equipment screens if the select field (SEL:) is blank. You are required to provide either the date of the establishment of your evaluation program and your Officer Approval User ID or your Officer Approval User ID if your office does not have an evaluation plan.

The Date of the establishment of your evaluation program will be displayed as it was entered last year. If you no longer have an evaluation program or if you are a new officer and elect not to adopt the previous officer’s evaluation program you may erase the date and enter your OFFICER APPROVAL USER ID in the “DOES NOT” have an evaluation plan (lower portion of this screen).

Complete this section. **These fields are required.**

1. Press the “Tab” key to the desired field. Please enter your OFFICER APPROVAL USERID on one line only (Field 2 or Field 3).

Field 1: Date adopted: Date Performance Evaluation Plan was adopted has been provided, if correct “TAB” to next field of entry. If that date is no longer applicable erase the date and enter the new date and “TAB” to the next field of entry, or if you have not adopted a pay for performance plan erase the date and “TAB” to Field 3.

Field 2: Office has Pay for

Performance: Enter your OFFICER APPROVAL USERID or "TAB" to the next Field.

Field 3: Office DOES NOT

have PFP: Enter your OFFICER APPROVAL USERID, if not entered in Field 2. Press the "ENTER" key after completing information requested.

2. Press the "ENTER" key again to proceed to the next category or,
3. Type "M" in SEL: (at the top of the screen) to return to the main menu.

CRITERIA FOR AN EMPLOYEE PERFORMANCE EVALUATION PLAN

Job Description

A detailed job description is maintained for each permanent employee which provides the elements for evaluation on the employee's performance plan.

Written Performance Plan

Each employee's performance plan identifies and prioritizes job elements based upon the employee's job description, states expectations for the acceptable level of performance for each job element, and addresses the extent to which external factors impact the employee's ability to perform the job. Factors which are not related to the job, such as race, sex, religion, level of salary or physical condition, are not considered in the evaluation process.

Performance Evaluation and Interview with Employee

The performance plan and evaluation expectations are discussed by the employee and his/her immediate supervisor at the beginning of the performance cycle and in at least one interview every 12 months. These meetings address ways to improve performance, note areas of improvement already achieved, and provide a forum for discussion of goals, expectations, and factors affecting performance.

Signatures of Employee and Immediate Supervisor

Both the employee and the employee's immediate supervisor sign the performance plan and the evaluation; copies are made available to the employee and the originals are maintained in the employee's permanent personnel file.

CHECKOFF LIST

SEL: (C) BUDGET SUBMISSION CHECKOFF LIST
SCB9U011
11/15/01 COMMONWEALTH ATTORNEYS
YY: 2005 LOC: 016 OFF: 320 OFFICER: JOHN T. MONROE
1. VERIFICATION OR CORRECTIONS TO ADDRESS, PHONE AND FAX INFO
Y
2. JUSTIFICATION FOR PART TIME (USE THE COMMENT SCREEN)
Y
3. PLEASE ENTER NAME OF THE CONTACT PERSON CONCERNING THIS BUDGET
SUBMISSION J L MONROE
4. I CERTIFY THAT THE STATEWIDE JUVENILE JUSTICE PROJECT POSITIONS
Y
ALLOCATED TO MY OFFICE ARE USED PRIMARILY, IF NOT EXCLUSIVELY,
FOR THE PROSECUTION OF DELINQUENCY AND DOMESTIC RELATIONS FELONY
CASES OF THE JUVENILE AND DOMESTIC RELATIONS DISTRICT COURTS. I
UNDERSTAND THAT IF THE POSITIONS ARE NOT USED PRIMARILY, IF NOT
EXCLUSIVELY, FOR THE PROSECUTION OF THESE CASES, THAT THE
COMPENSATION BOARD SHALL REALLOCATE THE POSITIONS IN ACCORDANCE
WITH THE PROVISIONS OF THE APPROPRIATION ACT.
JOHN T. MONROE OFFICER APPROVAL USER ID: SCB132 01/10/01
1:35
TRANSACTION PROCESSED SUCCESSFULLY

This screen will be displayed when “C” is selected on the On-line Budget Menu or if you press the enter key at the completion of the performance evaluation screen processing and the selection field is blank. **You are required to complete the entry of the fields on this screen.**

Juvenile Justice Certification: Commonwealth’s Attorneys with Juvenile Justice positions only will see this question on the checkoff list, please enter “Y” for yes or “N” for no, and then enter your Officer Approval User ID in the appropriate blank, to certify that the Juvenile Justice position(s) is or is not being used for purpose as stated in the certification.

1. Press the “TAB” key to go to the desired field.
2. Enter a “Y” in the fields provided to indicate the required functions have been performed. Enter “N” in the instance a function is not applicable, “TAB” to the next field.
3. Repeat this process until you have entered a “Y” or an “N” in all fields provided, and typed the name of the person to contact for questions when reviewing your budget request.
4. Press the “Enter” key after completing requested information.

5. Press the “Enter” key to proceed to the next category or,
6. Type “M” in SEL__: (at the top of the screen) to return to the main menu.

CERTIFICATION

SEL: M (D)
SCB9U012
11/15/01

**CERTIFICATION OF
FISCAL YEAR BUDGET REQUEST
FOR FISCAL YEAR ENDING JUNE 30, 2005**

YY: 2005 LOC: 016 OFF: 320 OFFICER: JOHN T. MONROE

I CERTIFY THAT THIS REQUEST REPRESENTS AN ACCURATE STATEMENT OF OFFICE WORKLOAD DATA, SALARY SUPPLEMENTS, LOCALLY FUNDED POSITIONS AND MY ANTICIPATED FUNDING NEEDS FOR THE UPCOMING FISCAL YEAR. I HAVE NOTIFIED

THE GOVERNING BODY OF MY LOCALITY OF THE AVAILABILITY FOR REVIEW OF THE REQUEST AND HAVE PROVIDED THEM A COPY OF ALL DOCUMENTATION AND JUSTIFICATION FORWARDED TO THE COMPENSATION BOARD.

APPROVAL

OFFICER APPROVAL USER ID: SCB03_
CB APPROVAL USER ID:

ENTER REQ FLDS, PERM EMPL - SEL 2 - MENU

This screen will be displayed when 'D' is selected on the On-line Budget menu, or if you press 'Enter' after completion of the checkoff list screen and the selection field is blank. If you enter your user ID to submit your budget request and all screens that have required fields have not been processed, the system will not accept your sign off. Under this condition, the system will inform you that a required process has not been completed and a message will direct you to the incomplete process selection on the On-line Budget Menu. Once you have submitted your budget request you may not further modify your request. From the time of your submission until the completion of the budget approval process you may view only your submission. Upon approval of your budget, on May 1, you will be able to view your budget submission as approved, which will include any adjustments made by the Compensation Board.

PLEASE CHECK YOUR REQUEST FOR ANY FINAL CHANGES. ONCE THE OFFICER APPROVAL USER ID HAS BEEN ENTERED, THE OFFICER CAN NO LONGER MAKE CHANGES TO THE BUDGET REQUEST.

1. "TAB" to the next field of entry.
Officer Approval User ID: Enter your "**USER ID**"
2. Press the "ENTER" key after completing information requested information.
3. Press the "ENTER" key to proceed to the **Comment Screen**, or
4. Type "M" to return to the main menu.

TIP: If your screen has the error messages as shown at the bottom of the screen print on page 44, you have not CERTIFIED. Please enter the number shown,

“SEL 2”, in the SEL field at the upper left hand corner of your screen to complete the required fields, and then return to the certification screen.

COMMENTS

11/15/01 SEL: (E) COMMENTS SCB9UO17
CCYY: 2005 LOC: 016 OFF: 320 NAME OF OFFICER: JOHN T. MONROE 8049724072
COMMENTS PAGE 1 OF 1

These screens will be displayed when “E” is selected on the On-line Budget Menu.
There are 40 lines on two screens that allow the entry of comments in a free form format.
The use of these screens is optional and the data entered is not edited.

This screen is available for any information you feel is necessary for the Compensation Board to know about your on-line budget request. There are only two screens available for your comments, so keep this in mind, as you may wish to send paper documentation for more detailed comments.

1. Please remember this screen will **Time Out**. Start typing the information you would like to convey, after about 5 minutes:
2. Press the “Enter” key and then enter “**E**” in the **SEL__** (at the top of your screen).
3. Press “Enter” again, this will refresh the screen and avoid losing the information you typed.
4. Please reference the section of the on-line budget request your comments are referring to, e.g., (5. PART II PART-TIME EMPLOYEE FUNDING).

This page was intentionally left blank